LOBBYING EXPENDITURE REPO  COVERING JANUARY 1 THROUGH JUNE :  DUE AUGUST 15  COVERING JULY 1 THROUGH DECEMBER	Lobbyist's Registration	a Númbe
DUE FEBRUARY 15	FOR OFFICE L	SE ONL
Instructions  Print in ink or type.  Fill in Registration Number in spaces provided.  Complete form and return to the Board of Ethics, 8401 United Suite 200, Baton Rouge, LA 70809 (225) 922-1400.  This form must be delivered or postmarked by the due date.  This form may be faxed to (225) 922-1414. The original shou on the day of fax transmittal.	le .	736
1. Name CLAYTON ROBERT	- L.	e <mark>nthe</mark>
2. Business Address 909 Poydles St. Street and No.  Mailing Address Street and No.	no. La. 7 city State Zi	01/2
3. Business Phone (509) 549-7150  Area Code and Telephone Number  4. Total of all expenditures made January 1 through Ju	une 30: \$ 0	
(Include expenditures from Schedules A and B)  5. Total of all expenditures made July 1 through Depen (When Applicable) (Include expenditures from Schedules A	ember 31: \$	· 5
<ol> <li>Total of all expenditures made during calendar year: (Line 4 added with Line 3 should equal Line 6)</li> </ol>	r: \$	or.
7. Did you make an expenditure exceeding \$50 on one	e occasion for any one legislator:	
From January 1 through June 30? Yes From July 1 through December 31? Yes	D No D NA	r:o
If the answer to either question in Number 7 above is	is YES, please complete Schedule A and attack	ofi.
P-ym \$62, Rev. B/99		in a
Page 1 of		(.) (.) (.)

## LOBBYING EXPENDITURE REPORT



8. Did 3	ou make expenditures exceedin	g the sum of \$250	for any one leg	íslator.	
From From	January 1 through June 30? July 1 through December 31?	☐ Yeş ☐ Yes	No No		NA
If the	answer to either question in Nu	mber 8 above is Y	ES, please com	plete Sci	hedule A and attach,
create	you expend funds for a reception lature, either house, any standing ed by resolution of either house, ation thereof were invited during	committee, select subcommittee of .	t committee, sta any committee.	tutory ca	ommittee, committee
	□ Yes		⊠ No		
If the	answer to Number 9 above is Y	ES, please compl	ete Schedule B	and atta	≎h.
	CER	TIFICATION OF	ACCURACY		
infor		ortable expenditu	ires have been LSA-R.S. 24:50	include et seq.	d herein; and that no

Farm 502 Apr. 699

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